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Frequently Asked Questions Regarding Testing, Visitation and Other Community Engagement Activities in Assisted Housing Settings and Related Day and Employment Services

Last Updated: November 16, 2020

This document supplements and clarifies the [guidance](#) on testing and community engagement issued by the Department to Assisted Housing providers on October 9, 2020. Table 3 of the guidance has been updated as of November 16, 2020 and has been posted as a separate [companion table](#).

TESTING

1. Does baseline testing need to be repeated or simply followed up by monthly testing each month?

Settings subject to surveillance testing must establish a baseline test in which all staff are negative. Once the negative baseline is established, retesting occurs in accordance with the frequency indicated for your county's status (monthly for low and moderate transmission counties and twice a month for high transmission counties).

2. Can a facility conduct surveillance testing more frequently than what is indicated in the guidance (monthly in low and moderate transmission counties, and twice a month in high transmission counties)?

Subject to change, the State lab (HETL) is available at this time for the minimum testing frequency for Assisted Housing Group A as indicated in the [guidance](#). Facilities that wish to conduct additional testing may contract with private labs or use rapid point-of-care (POC) antigen (Ag) tests as they become available. (Note that HETL will continue to be available for outbreak-related testing as needed, and that all use of HETL must be coordinated with the Department by emailing covidtesting.dhhs@maine.gov .)

3. What if staff or regular vendors decline to get tested for religious reasons? Do we come up with our own policy on this?

Yes, federally certified facilities must have a policy and Assisted Housing providers are strongly encouraged to have a policy to address situations in which staff or vendors refuse

testing. See the federal Centers for Medicare and Medicaid Services (CMS) [guidance](#) for federally certified facilities for more information.

4. Does the mail carrier need to be tested as a regular vendor? USPS does not support this.

The mail carrier does not need to be tested. Arrangements should be made with the carrier to enable delivery without contact, such as leaving mail in an outdoor drop box.

5. Our assisted living facility is on a monthly testing schedule. The guidance indicates we must outline the process for testing staff, including vendors. We currently use a variety of home health providers who are not doing surveillance testing of their employees, and the provider will not assign regular staff to us, so we have a variety of home health workers coming. Must we include them in our testing and how can we do that if they do not cooperate?

See CMS [guidance](#) for federally certified facilities for more information on establishing testing for staff and regular vendors, including guidance on what to do when testing is refused. This guidance is strongly recommended for Assisted Housing providers in Group A who are subject to surveillance testing.

6. Do we need to test resident visitors who visit each week?

No. CMS encourages testing of visitors but facilities may not require it.

7. Can you provide a link to training resources on how to perform an Anterior Nares swab?

Go to <https://www.maine.gov/dhhs/oads/covid-19-resources> and see **Resource Material for Self-Swabbing**.

8. Which guidance are we to follow when it comes to routine surveillance testing of employees? Our CMS positivity rate puts us in the green category, meaning a monthly test is required, but Maine has some counties listed yellow, which requires more frequent testing.

Testing frequency for federally certified facilities and Assisted Housing Group A facilities in Maine is based on Maine CDC's standard for transmission rates in the county for the previous 28 days. See the October 9, 2020 [guidance](#) for details, including how to find the most current county transmission rates.

VISITATION

9. Are there any changes to indoor visits in the [guidance](#) of October 9, 2020?

Yes, indoor visitation is now allowed beyond compassionate care situations in low and moderate transmission counties.

10. Regarding indoor visits, Table 3 in the 10/9/2020 [guidance](#) indicates indoor visits are allowed for compassionate care even if the facility has positive COVID cases. Does this mean that residents who are positive for COVID who are actively dying can have visitors?

Yes. The only protection that can be offered is gowns, gloves, and masks (not N-95s, which must be specifically fitted to each individual). The visitor should be advised that they may become a close contact as a result of the visit.

11. Can facilities choose to remain closed to visitation? Can facilities limit visitation hours and/or prohibit visitation on holidays, due to lack of staff resources?

Assisted Housing residents have the right to participate in activities of choice and communicate with persons of their choice at any time. Facilities must consider this and other guidance from the federal CDC, CMS and Maine DHHS in developing policies and procedures that allow residents to safely exercise these rights. Prohibition or significant constraint of visitation is contrary to current guidance. Visits should be supported according to the needs of the resident.

12. Please explain why we cannot require families and persons with power-of-attorney to have negative tests prior to visiting indoors.

The federal Centers for Medicare and Medicaid Services (CMS) has issued regulatory visitation guidance for federally certified facilities that encourages the testing of visitors but is clear that a facility cannot require testing as a condition for allowing visitation. Facilities should develop visitation guidelines consistent with federal CDC and CMS guidance, and those visitation guidelines apply to all, including families and persons with power-of-attorney.

13. Can we resume tours of our facility for admissions? As new residents are admitted to ALFs, can families assist with moving in? Can families assist with moving out residents' belongings?

In accordance with the guidance [companion table](#), indoor visitation (which may include family assistance with moving in or moving out) is allowed in counties with low or moderate transmission, as long as social distancing and other safe practices can be maintained.

14. Are we expected to fit test families and provide N95s if families want to come into the facility to visit someone who has tested positive for COVID 19? If not, where should we be sending families to get fit tested for an N95?

No, this is not the provider's responsibility. Families should consult with the Long-Term Care Ombudsman regarding this type of visitation issue.

15. What are the parameters for pet visitation for a “Single Resident Only?”

This means a pet may come to visit a specific resident, but not visit other people in the facility during the visit. Moving a pet across several residents during a visit presents a risk of spreading disease through the pet.

GROUP ACTIVITIES AT THE FACILITY

16. Are physically distanced group activities at the home permitted? For example, frisbee in the back yard or video games in the living room?

Yes, group activities at the home are permitted with social distancing and other safe practices. Refer to the Communal Dining row of the [companion table](#) as general guidance for group activities within a home.

17. Can indoor concerts be held?

Indoor concerts are not recommended. Several studies have concluded that droplet projection is greater during singing or blowing through certain instruments, increasing the risk of spread.

COMMUNITY AND DAY ACTIVITIES

18. Do regular outings such as to the grocery store fall under the category of Group Activities or Day Activities?

It depends. If it is a group activity of the facility, it falls under that category. If it is Community Support, Employment Support or other service provided to an individual or group, it falls under Day Activity.

19. A. Can Community Support Services continue in counties with high transmission rates (16 per 10,000 or higher in past 28 days), and what would that support look like?

Limiting group gatherings and group movement in the community helps contain the spread of COVID-19. Community Supports can continue in high transmission counties, limited to the following approaches, which reduce risk relative to the traditional model:

- Provide the support one-on-one in a member’s home;
- Within a single provider agency that provides both residential supports and community supports, the agency can provide Community Support within a home for the residents of that home serving up to three (3) residents in a group with one (1) staff person. Community Support Services should limit exposure to settings in the community, such as large stores and instead focus on outdoor walks and activities that are individualized and avoid close contact with members of the public.

- Provide Community Support as a telehealth service for up to three (3) members at a time following the Telehealth Guidance.

19. B. Under the Maine CDC Guidance for Community Engagement of Congregate Settings, Day Activities section, does this include those receiving Adult Day Health, MaineCare Section 26 and State Funded Adult Day, Section 61 services?

Yes

19. C. At what point can a Day Activities provider re-open and are there specific requirements to re-open?

Center-based and community group activities may resume when the transmission rate for a county falls to moderate or low (less than 16 per 10,000 in the past 28 days). Before reopening, the provider should carefully consider the relevant guidance and ensure that reopening can be achieved safely.

In any of these alternative approaches, appropriate source control must be practiced as outlined in the federal CDC Guidance.

20. Can we go on foliage rides in our van, physically distanced, and masked? Our residents are itching to get out.

Group outings are permissible in counties with low or moderate transmission for residents who are fully recovered and not in isolation or under observation or suspected of having COVID-19. See the [companion table](#) for more details.

21. Can people who are employed in community businesses continue to work and receive work supports at their job site?

The member, together with their team, should discuss options using the [Community and Employment Support - Group Service Settings COVID-19 Risk/Benefit Discussion Guide](#) and decide if continuing to work in a business that is in a high transmission county is recommended. Each employment situation should be assessed by the individual with the Work Support Provider, Case Manager and other team members to determine risk, safety precautions, and a plan to review how work is going. This approach should be taken regardless of transmission level but is particularly important as transmission levels increase.

22. What is the definition of "COVID-19 Status Unknown," and how are residents that fall into this category managed?

It means that you do not know if the person was exposed to COVID-19. Each facility should have and follow internal policies for determining if status is unknown and how such situations will be managed.

Status may be determined in a number of ways, depending on the individual circumstances and practices of the facility. Approaches to determining status include but are not limited to the following.

- Resident accompanied by staff, other known provider or partner. As indicated in the guidance, if the time away from the facility is observed by staff or other known partner, status may be known.
- Resident tests negative within 24 hours of return to facility. If a negative test result is documented, status may be known. Note, however, that a person recently exposed may test negative while still in the incubation period, and the resident should be monitored closely for symptoms.
- Resident activity was supported by the resident's team as part of a documented decision-making process that included an assessment of risks and benefits. For example, the Department has issued a [Community and Employment Support - Group Service Settings COVID-19 Risk/Benefit Discussion Guide](#) for assessing the risks and benefits of a resident leaving home regularly for employment or other community-based activity. Depending on the individual, the plan might include independent transport to and from the activity. If the risks and benefits of the activity have been assessed with the resident and the team supports the plan, status may be known.

Individual circumstances and changing status of community conditions must be considered as well. For example, if a resident is participating in a community program and a positive case is identified at that program, the resident should be assumed to have been exposed and appropriate actions taken.

23. Can facilities support visitation and outings if it is a unanimous decision by residents, legal guardians and facility staff?

Decisions about resident activities should be person-centered and consider the risks and benefits for both the resident and others living at the home. See FAQ #22 regarding use of an individualized risk assessment process for making determinations about acceptable activities within the guidance.

HOME VISITS

24. Do home visits fall into any of the current categories as outlined in the 10/9/2020 [guidance](#)? If not, please provide additional information and guidance regarding Home Visits.

Visiting with family or friends presents risks when the status of those being visited is unknown. Upon return from a visit, the resident should be treated as “status unknown” unless a strategy described in FAQ #22 or other risk mitigation strategy has been documented and implemented consistent with facility policy.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

25. What is the evidence base for the directive of donning eye protection? Is assistance available for providers in procuring eye protection? Is this a new licensing rule, suggested guidance or something else?

The federal CDC recommends that if a facility is located in an area of moderate to high community transmission, eye protection should be worn by staff as part of source control. Providers in those areas who are having difficulty procuring eye protection may request supplies through the County Emergency Management Agency.

For federally certified facilities (including nursing facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities), this is a requirement. For Assisted Housing settings, this is the Department’s strong recommendation, based on federal CDC recommendations, when staff are performing personal care or otherwise in close contact with residents.

26. Some staff have been using side shields bought on Amazon for their regular glasses, is this approved eye protection?

Eye protection must completely shield the eyes from particulates in order to be effective. Eyeglasses are typically not close fitting, and side shields do not correct this shortcoming of eyeglasses.

27. Employees who work in facilities in counties with moderate or high transmission rates must wear eye protection and masks while at work. Would the employee wear the eye protection if they work in a low risk county but live in a moderate or high county?

In general, guidance is based on location of the facility.

OTHER

28. Is the phased reopening process being discontinued given the new CMS visitation guidance?

Yes. Phases are no longer applicable. The factors that effect a facility’s degree of openness to the community are the conditions in the facility (presence of COVID-19 cases) and the level of transmission in the county. See [guidance](#) for details.

29. Are there guidelines for giving residents showers during the COVID pandemic? Is there a time frame between showers since the shower area is a shared area and we would need to be bathing multiple residents in the same area?

In the event of an outbreak, consult Maine CDC for specific guidance, which will depend on the nature of the outbreak and physical lay-out of the facility.

30. Can ¼ hour Home Support in counties with high transmission rates continue for people and what can it look like?

¼ Hour Home Support can continue or be provided in a member's home following federal CDC guidance. For members who do not have this service currently, the Person-Centered Planning (PCP) team may determine that ¼ hour Home Support is an option and if appropriate add this as a new service through the PCP for an approved Provider.